

225064

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Richard Williamson  
Pee Wee Cab Co  
201 E Broad Street  
Darlington, SC 29532

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 263 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Richard Williamson

Telephone: 843-229-2170/843-393-8377

Address:

Fax: 843-393-0356

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

Ad

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 7-16-2010

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DBA Pee Wee Cab Company Richard Williamson

201 East Broad Street, Darlington, SC 29532

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-393-8377/843-229-2170

Phone

843-393-0356

Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Solomon Williamson 1406 Jetts Way Dr, Darlington, SC 29540

Richard Williamson 1436 Jetts Way Dr, Darlington, SC 29540

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month \_\_\_\_\_ Year \_\_\_\_\_

**Assets:**

*New Business*

*Don't have said item*

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	7,000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	7,000
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

We Charge by Zones

Zone 1 - \$3.00 max

Zone 2 - \$4.00 max

Zone 3 - \$5.00 max

These are the

Zone Rates

Counties to be Served:

Darlington County & Surrounding Areas such as  
Florence, Hartsville, Society Hill, Dolesville, Columbia,  
Mettle Beach, Latta, Dillon etc.

Statewide

Maximum Number of Passengers per Vehicle:

9 - 5

## DESCRIPTION OF EQUIPMENT

[illegible]

# INSURANCE QUOTE *SEE ATTACHED*

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

\_\_\_\_\_  
Name of Motor Carrier

\_\_\_\_\_  
Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Hello Richard,

Here is your Commercial Auto Insurance Application, please sign all places where it says "sign here" and mail to the following address as we have recently moved our office.

Venture Specialty Insurance  
207 East Main Street  
Richmond, VA 23219

**All checks and money orders should be made out payable to: Venture Specialty Insurance**

Your Down Payment and Finance Plan is as follows:

**TOTAL DOWN PAYMENT - \$545.80**

Your remaining balance will consist of ten payments of \$188.32.

If you are binding your policy this weekend we will need you to fax all signature pages to 804-288-9886 as well as a copy of your check before mailing all originals; in addition we will need a copy of your title or registration for your vehicle(s). If you have any questions or concerns please feel free to shoot me a call and I will be glad to assist you in any way I can. We look forward to learning more about your business and to helping you save money on your Commercial Auto Insurance.

Much Thanks and Safe Travels,

Kyle Bowles  
Business Development Manager  
Phone: 804-521-2993 ext 14  
Fax: 804-288-9886  
[kbowles@venturesi.com](mailto:kbowles@venturesi.com)

POLICY TERM		INSURANCE COMPANY NAME	POWERED VEHICLES	ACCIDENTS	LIABILITY	BI	PD	COVERAGE
FROM	TO							
		n/a						

GIVE DETAILS OF CLAIMS IN EXCESS OF \$10,000. (INCLUDE NAME OF DRIVER INVOLVED)  
(ATTACH SEPARATE SHEET IF NECESSARY AND COPY OF ACCIDENT REPORT IF AVAILABLE)

DATE	RESERVES	TOTAL INCURRED LOSSES AUTOMOBILE LIABILITY	TOTAL INCURRED LOSSES AUTO PHYSICAL DAMAGE	TOTAL INCURRED LOSSES MOTOR TRUCK CARGO	TOTAL NUMBER OF CLAIMS

The completion of this application creates no express or implied obligation on the part of the insurance company or its manager to offer a quotation or provide insurance.

**UNDERWRITING REPRESENTATIONS**

The insured understands and agrees that all vehicle changes, additions, and deletions must be reported to the Insurance Company in writing, to be effective. **NO AUTOMATIC COVERAGE IS AFFORDED UNDER THE BINDER AND/OR POLICY FOR NEWLY ADDED, TEMPORARY SUBSTITUTE OR REPLACEMENT VEHICLES.**

The insured represents that it has submitted to the Insurance Company all drivers of its vehicles as of the policy date. Further, the insured represents that it will pre-submit to the Insurance Company all drivers for approval PRIOR to permitting said drivers to drive an insured vehicle, and will not permit any person not submitted and approved to drive. The insured agrees and understands that coverage on any driver newly placed into service will become effective as of the date and time that the Insurance Company advises me in writing that the driver is approved and not before. Drivers submitted for approval to operate an insured auto under any policy of insurance with the Insurance Company are required to have a minimum of 2 years of driving history in a motor vehicle similar to the type of motor vehicle insured under this policy of insurance.

I have read and fully understand my obligation concerning immediate claim reporting, vehicle inspections, vehicle changes and additional drivers. I further understand that the producer/signature who appears below is my agent and not the agent of the Insurance Company. The agent has no authority to bind the Insurance Company without first obtaining confirmation from the Insurance Company through a telephonic binder and receiving a corresponding binder number. The agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

The insured and the insured's agent agree that the policy of insurance (including any endorsements) associated with this application of insurance is deemed delivered to the insured by providing the insured's agent a link to electronically access, print and store a true and correct electronic record of the policy of insurance.

I have read and understand the foregoing representations, and understand and acknowledge that these representations are being made in order to induce the Insurance Company to underwrite this risk and that the Insurance Company would not have underwritten this risk but for reliance upon said representations, including this statement.

SIGNATURE Richard Williamson (NP)  
NAMED INSURED (REPRESENTING ALL INSURED) (PRINT) NAME AND TITLE OF SIGNATURE PARTY

If a Partnership or Corporation, signatory must be empowered by Articles of Incorporation, etc. to bind to insurance agreements. This application is in compliance with State Statutes, and is submitted in the best interest of the applicant or insured to whom a copy has been furnished and coverage is: ( ) Bound Effective 7/14/2010 (time) 12:01 AM (date) ( ) Not bound \*

To Expiration 7/14/2011 (time) \_\_\_\_\_ (date) \_\_\_\_\_

I agree that if my down payment or full payment check is returned by the bank because of non-sufficient funds, coverage will be null and void from inception.

**CAUTION INSURED'S:** Coverage cannot be bound except by AequiCap Program Administrators, Inc (APA). Ask to see binder confirmation from APA.

SIGNATURE [Signature]  
SIGNATURE OF INSURED'S AGENT

NAME OF AGENCY Venture Specialty Insurance LLC

TG PUB APP 11 2899

PRINT AGENT NAME AND LICENSE NUMBER

PHONE NO. 804-521-2993

3 of 4

[Signature]



POLICY TERM		INSURANCE COMPANY NAME	NO. OF MOTOR POWERED VEHICLES	NO OF ACCIDENTS	PREMIUM LIABILITY	TOTAL AMOUNT CLAIMS PAID & RESERVES			
FROM	TO					BI	PD	COMP/COLL	OTHER
		n/a							

  

DATE	RESERVES	TOTAL INCURRED LOSSES AUTOMOBILE LIABILITY	TOTAL INCURRED LOSSES AUTO PHYSICAL DAMAGE	TOTAL INCURRED LOSSES MOTOR TRUCK CARGO	TOTAL NUMBER OF CLAIMS

The completion of this application is a representation and warranty of the insured that the information provided is true and correct to the best of the insured's knowledge and belief.

The insured understands and agrees that all vehicle changes, additions, and deletions must be reported to the Insurance Company in writing, and that failure to do so may result in the Insurance Company's refusal to provide coverage for any claims arising out of such changes.

The insured represents that it has submitted to the Insurance Company all drivers of its vehicles as of the policy date. Further, the insured agrees to provide the Insurance Company with a list of all drivers of its vehicles, and will not permit any person not submitted and approved to drive. The insured agrees and understands that coverage on any driver newly placed into service will become effective as of the date and time that the Insurance Company's driver information is received and approved, and not before. Drivers must be approved to operate an insured vehicle and must only operate an insured vehicle if they are approved and not before. Drivers must be approved to operate an insured vehicle and must only operate an insured vehicle if they are approved and not before. Drivers must be approved to operate an insured vehicle and must only operate an insured vehicle if they are approved and not before.

I have read and fully understand my obligation concerning immediate claim reporting, vehicle inspections, vehicle changes and additional drivers. I further understand that the producer signature who appears below is my agent and not the agent of the Insurance Company. The agent has no authority to bind the Insurance Company without first obtaining confirmation from the Insurance Company through a telephonic binder and receiving a corresponding binder number. The agent has no right to make, alter, modify or discharge this contract or policy issued on the basis of this application.

Insurance is deemed delivered to the insured by providing the insured a signed copy of this policy and a copy of the electronic record of the policy of insurance.

made in order to induce the Insurance Company to underwrite this risk and that the Insurance Company would not have underwritten this risk but for reliance upon said representations, including this statement.

SIGNATURE Richard Williamson (PRINT) NAME AND TITLE OF SIGNATURE PARTY Richard Williamson (VP)  
 NAMED INSURED (REPRESENTING ALL INSURED)

If a Partnership or Corporation, signatory must be empowered by Articles of Incorporation, etc. to bind to insurance agreements. This application is in compliance with State Statutes, and is submitted in the best interest of the applicant or insured to whom a copy has been furnished and coverage is ( ) Bound Effective 7/14/2010 (time) 12:01 AM (date)

To Expiration 7/14/2011 (time) (date) ( ) Not bound \*

I agree that if my down payment or full payment check is returned by the bank because of non-sufficient funds, coverage will be null and void from inception.

CAUTION INSURED'S: Coverage cannot be bound except by AequiCap Program Administrators, Inc (APA). Ask to see binder confirmation from APA

SIGNATURE \_\_\_\_\_ SIGNATURE OF INSURED'S AGENT \_\_\_\_\_ PRINT AGENT NAME AND LICENSE NUMBER \_\_\_\_\_  
 NAME OF AGENCY Venture Specialty Insurance LLC PHONE NO. 804 531 3097

Richard Williamson

**Exhibit FWA**

Richard Williamson

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF )

Darlington

Richard Williamson  
Applicant's Signature

I,

Richard Williamson  
Name of Applicant's Representative

Owner  
Title

of

\_\_\_\_\_  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Richard Williamson  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 19<sup>th</sup> day of July, 2010

Ethel R. Mitchell  
Notary Public

Commission Expires 8-20-2011